

**California Health and Human Services Agency (CHHS)
California Department of Public Health (CDPH)**

COMMUNITY VACCINE ADVISORY COMMITTEE

MEETING #15 – June 23, 2021 – 3:00pm – 5:00pm

MEETING SUMMARY

Committee Members Attending

Rafi Nazarians, AARP; **Susan de Marois**, Alzheimer's Association; **Vivian Reyes**, American College of Emergency Physicians; **Dr. Chang Rim Na**, Asian and Pacific Islander American Health Forum (APIAHF); **Jeff Luther, MD**, California Academy of Family Physicians (CAFP); **Michael Dark**, California Advocates for Nursing Home Reform (CANHR); **Moises Barron**, California Alliance of Child and Family Services; **Lisa Mancini**, California Association of Area Agencies on Aging (C4A); **Joe Diaz**, California Association of Health Facilities (CAHF); **David Lown, MD**, California Association of Public Hospitals and Health Systems (CAPH); **Carolyn Pumares**, California Area Indian Health Service; **Heather Harrison**, California Assisted Living Association (CALA); **Dean Chalios**, California Association for Health Services at Home (CAHSAH); **Charles Bacchi**, California Association of Health Plans (CAHP); **Michael Wasserman, MD**, California Association of Long-Term Care Medicine (CALTCM); **Vicky Reilly**, California Association of Rural Health Clinics (CARHC); **Chuck Helget**, California Association of Veteran Service Agencies; **Veronica Kelley**, California Behavioral Health Directors Association (CBHDA); **Rhonda M. Smith**, California Black Health Network; **Preston Young**, California Chamber of Commerce; **Eric Sergienko, MD**, California Conference of Local Health Officers (CCLHO); **Virginia Hedrick**, California Consortium for Urban Indian Health, Inc. (CCUIH); **Christina N. Mills**, California Foundation for Independent Living Centers (CFILC); **Ron Fong**, California Grocers Association; **Orville Thomas**, California Immigrant Policy Center (CIPC); **Catherine Flores-Martin**, California Immunization Coalition; **Mitch Steiger**, California Labor Federation; **Leza Coleman**, California Long-Term Care Ombudsman Association (CLTCOA); **Hendry Ton**, California Medical Association (CMA); **Rocelyn de Leon-Minch**, California Nurses Association (CNA); **Kiran Savage-Sangwan**, California Pan-Ethnic Health Network (CPEHN); **Susan Bonilla**, California Pharmacists Association (CPHA); **Andie Martinez Patterson**, California Primary Care Association (CPCA); **Jose R. Padilla**, California Rural Legal Assistance, Inc. (CRLA); **Debra Schade**, California School Boards Association (CSBA); **Pamela Kahn**, California School Nurses Organization (CSNO); **Loriann DeMartini**, California Society of Health-System Pharmacists (CSHP); **Carol Green**, California State Parent Teachers Association (CAPTA); **Laura Kurre**, California Teachers Association (CTA); **Shannon Lahey**, Catholic Charities California; **Esther Bejarano**, Comite Civico del Valle; **Kim Saruwatari**, County Health Executives Association of California (CHEAC); **Andy Imparato**,

Disability Rights California; **Silvia Yee**, Disability Rights Education and Defense Fund (DREDF); **Kristin Weivoda**, Emergency Medical Services Administrators of California (EMSAC); **Anthony Wright**, Health Access; **Lisa Hershey**, Housing California; **Naindeep Singh**, Jakara Movement; **Denny Chan**, Justice in Aging; **Jeffrey Reynoso**, Latino Coalition for a Healthy California; **Linnea Koopman**, Local Health Plans of California (LHPC); **Genevieve Flores-Haro**, Mixteco Indigena Community Organizing Project (MICOP); **Tia Orr**, Service Employees International Union (SEIU) California State Council; **Aaron Carruthers**, State Council on Developmental Disabilities; **Brian Mimura**, The California Endowment; **Diana Tellefson Torres**, UFW Foundation; **Matthew Maldonado**, United Domestic Workers (UDW/AFSCME); **Maria Lemus**, Vision y Compromiso; **Crystal Crawford**, Western Center on Law and Poverty

Committee Members Absent

Alia Griffing, American Federation of State, County and Municipal Employees (AFSCME); **Andrew Nguyen**, Asian Americans Advancing Justice – Los Angeles; **Dr. Ron Williams**, Association of California School Administrators (ACSA); **Mary McCune**, California Dental Association (CDA); **Jackie Garman**, California Hospital Association (CHA); **Amanda McAllister-Wallner**, California LGBTQ Health and Human Services Network; **Lance Hastings**, California Manufacturers & Technology Association (CMTA); **Thomas J. Kim, MD**, California Rural Indian Health Board; **Lisa Constancio**, California Superintendent of Public Instruction; **Liugalua (Liu) Maffi**, Faith in the Valley; **Pastor J. Edgar Boyd**, First African Methodist Episcopal Church **Melissa Stafford-Jones**, First Five Association; **Jodi Hicks**, Planned Parenthood Affiliates of California (PPAC); **G Perdigones**, Service Employees International Union Local 1000 (SEIU 1000) (Unit 17-Nurses); **Gabriella Barbosa**, The Children’s Partnership; **Amber Baur**, Western States Council: United Food and Commercial Workers (UFCW) California

California State Representatives Attending

Nadine Burke Harris, MD, MPH, California Surgeon General; **Erica Pan, MD, MPH**, State Epidemiologist; **Sonya Harris, CDPH**; **Rohan Radhakrishna, MD, MPH**, Deputy Director, Office of Health Equity, CDPH

Public Attending

There were 8 members of the public attending by phone and 115 views of the meeting by YouTube livestream.

Committee Co-Chairs

Dr. Erica Pan, MPH, State Epidemiologist, California Department of Public Health
Dr. Nadine Burke Harris, MPH, California Surgeon General

Consultant

Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Welcome, Purpose of Today's Meeting and Meeting Logistics

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair

Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Dr. Burke Harris welcomed the committee and thanked members for joining this last meeting of the CVAC. Dr. Burke Harris noted that this will not signal the end of statewide vaccine efforts grounded in the values of safety, equity and transparency. She acknowledged that there is much more work to be done as the state strives for an equitable rollout of the COVID-19 vaccine to ensure that all communities have the benefits of protection, including children and youth, and are on the road to recovery from the direct and indirect effects of the pandemic. Dr. Burke Harris shared the agenda for the day and thanked committee members for sharing their ongoing wisdom and their thoughtful reflections and comments.

Bobbie Wunsch shared the meeting logistics and ground rules.

Review Public Comments since May 12, 2021 Meeting #14

Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Bobbie reported on the single public comment since the last meeting. Jim Mangia of St. John's Well Child Center in Los Angeles expressed concern about California losing momentum in the vaccine effort and urged CVAC to discuss lessons learned through the pandemic to establish health equity in California's health care delivery system and communities. The state has reviewed and summarized over 3,700 public comments (1,200 pages). This thoughtful input has been important to CVAC proceedings.

Opening Comments from Co-Chairs and Summary of CVAC Accomplishments

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair

Dr. Burke Harris shared that she read all the powerful and insightful feedback from CVAC members. She thanked CVAC members for their time, dedication, commitment, persistence, patience and expertise. Dr. Burke Harris commented on the power of the collective and diverse representative voices of communities across California which made this process better. Although the state has not been able to do everything the committee recommended, the input was heard and considered and will inform future systems and processes going forward.

Dr. Burke Harris thanked the tireless efforts of the support teams at CDPH, Office of Surgeon General, Department on Aging, Developmental Disabilities, Social Services, Labor Workforce Development Agency, Governor's Office, Secretary Richardson and her Government Operations Agency, California Health and Human Services Agency, and Bobbie Wunsch. The public health teams have been working through tremendous adversity with amazing dedication. She also thanked co-chair Dr. Pan for her energy, grace, humility, thoughtfulness and brilliance.

Since this process started, California has administered 40,531,398 doses of COVID-19 vaccine. The work has been centered on values of safety, equity and transparency. Although not every goal is achieved, these values have been the guiding North Star to navigate decisions and challenges. California took the bold step of allocating 40% of vaccines to the most disadvantaged communities, exceeding other states as far as is known. The state tackled language barriers; drove for solutions for Californians with disabilities; and recognized the challenges facing farmworkers, meat and poultry processors, childcare workers, seniors, those in residential facilities, California businesses, educators and more represented on CVAC. The inclusiveness of broad and diverse voices included in this process were an incredible asset. This was counter-balanced by the large size of this committee and the difficult task of recognizing a variety of interests. She commended committee members for their spirit of collaboration, recognizing intersectionality and the strength of the whole. Finally, Dr. Burke Harris reinforced what many members shared – the need to embed the CVAC learnings into state systems and processes. That is the state's intention – to carry these lessons forward. Dr. Burke Harris also sincerely thanked the public for tuning in and sharing their comments.

Dr. Pan echoed Dr. Burke Harris' comments regarding this once-in-a-century crisis. She noted how important people and relationships are in these circumstances and hopes to build on this going forward. Dr. Pan reflected how exciting it is to be opening due to successful vaccinations. She appreciated the thoughtful reflections of success and opportunity for improvement.

Dr. Pan shared data highlighting serious disparities. Compared to a year ago, case rate and death rate disparities have improved thanks to many partnerships. The double-digit disparities in death rates for African Americans has been reduced to 8%. The Latino death rate has fallen from 40% to 21%. These disparities remain unacceptable, but they have improved. Additional collaborative efforts are needed to continue to address them. Dr. Pan shared that California has been recognized by national entities and an article is pending in the *American Journal of Public Health* about the state using the equity metric tied to safe re-opening.

California has administered more than 40.5 million doses reaching over 70% of adults with at least one dose (more than most states). About 80% of people over 65 have received at least one state-administered dose (this excludes federally administered doses). However, less than half of Latinos, American Indian/Alaska Natives and Blacks have been vaccinated to date. Another theme Dr. Pan referenced was the 3 million doses currently classified as Other or

Unknown race/ethnicity. The state remains committed to improving data quality. The various health systems and resources provided for data collection and reporting are decentralized. As of June 16, the Vaccine Equity Metric showed that only 56% of residents in Quartile 1 of the California Healthy Places Index (HPI - <https://healthyplacesindex.org/>) have been vaccinated and this needs to be 70%. In March, the gap was closed due to the allocation strategy, then it opened again when eligibility opened. The gap closed again starting in early May and the proportion of those in Q1 are now higher than those in Q4.

Dr. Pan shared that vaccine incentives appear to be making a difference. The state has allocated \$1.2 million in \$50 incentive cards, and there are 800,000 people signed up for vaccinations who are eligible to earn them. There is still one more dream vacation to give away on July 1 for everyone entered in the California Immunization Registry. The incentive program appears to have been successful in slowing the decline in vaccinations— especially for Q1. In the week ending June 14, Q1 received 29% of all doses administered, which represents a sustained increase of 1% in each of the past four weeks, and for the past four weeks Q1 vaccination rates have outpaced all other quartiles. The state is evaluating the effectiveness and early evidence suggests that incentives are a contributing factor for some individuals to get vaccinated. Many people do not know about the incentives so there will be efforts to amplify this information.

Questions and Comments from CVAC Members

- What is the state's goal vaccination rate? In one of our early CVAC meetings, a rate of 70-75% was stated as a goal. Is that still a target rate?
 - CDPH: President Biden set a goal of 70% of the eligible population to have at least one dose by July 4, 2021. California has been doing our part to meet that goal. California is one of 17 states (I believe) states to meet that goal.
- If 70-75% is still the overall general population goal for the state, is this carried down to subgroups like teens and children as they become eligible, and to racial and ethnic groups?
 - Our intention is to ensure that all communities reach community immunity.
- Does the COVID data available on CDPH's website include vaccination rates by county and HPI quartile?
 - CDPH: The vaccination data on the website has data by county, and statewide HPI quartile, but not county HPIs as with the testing health equity metric.
- Vaccination rates by zip code:
<https://public.tableau.com/app/profile/ca.open.data/viz/LHJVaccineEquityPerformance/MapView>

Update on Outreach and Engagement: Lessons Learned and Reaching Unserved Community Members

Sonya Harris, CDPH

Ms. Harris thanked members for serving as counselors and partners to CDPH. She acknowledged the hard work and public service in reaching communities. Ms. Harris shared that CDPH has deployed a fully integrated public education, community outreach and direct appointment assistance campaign in the past 6 months. The entire campaign has been data driven and focused on equity. It prioritized Quartile 1 in its Vaccine Equity Metric as the North Star to guide decisions. She shared the COVID-19 Outreach Rapid Deployment (CORD) Tool which illustrates geographically vaccinations and where vaccinators are located. This has assisted CDPH and local health jurisdictions to plan new clinic locations.

The campaign also supported trusted messengers through a network of Community-Based Organizations (CBOs) via the Department of Social Services and Labor & Workforce Development Agency, and in a public-private partnership with Public Health Institute and The Center at Sierra Health Foundation. This network includes nearly 500 CBOs across California doing direct action like door-knocking. In addition, local health jurisdictions funded CBOs directly through the *Get Out the Vaccine* effort. This highly targeted phone banking and door-knocking campaign coordinates 70 CBOs.

The state outreach has reached over 2 million households through phone banking and over 200,000 through door-to-door outreach, resulting in over 500,000 appointment referrals and 180 facilitated vaccine referrals. CDPH launched Collective Impact Tables (CITs) to coordinate activities across CBO teams working on the ground. The goals for the CIT are to understand local data on community vaccination rates and uptake to prioritize resources. This peer-to-peer work takes effort, and the CITs ensure that weekly plans result in progress. Over 7 weeks, CDPH has hosted over 1,000 participants who are willing to work together to achieve a common goal. Outreach also includes a communications and media component.

The VaccinateALL58 campaign launched in December 2020 after formative research. The Let's Get to ImmUNITY campaign launched in March 2021. These images and public service announcements (PSAs) have helped move the needle in communities and increased acceptance. In May 2021, another campaign launched to focus on families and their questions about vaccinations for 12-17 year-olds. Finally, the State Incentives Campaign launched recently in 18 languages. Earned media coverage about vaccine coverage has also been central to the strategy, leveraging trusted messengers in the ethnic media, and serving as a feedback loop as CBOs report back the community's misinformation. This includes some programmatic components like a Spanish phone bank to directly connect viewers to the vaccine quickly. This coverage helped people understand the vaccine and navigate the process.

Ms. Harris highlighted a few key takeaways from these various efforts, among them:

- Hesitancy comes in many forms and definitions, impacted by many personal, social, cultural, and other factors
- People want to see others who look like them as their messengers
- There is no substitute for peer-to-peer engagement
- Creating a space for collaboration is essential
- Translated materials and resources are utilized at different rates, and we need to prioritize translated materials that work and are utilized

As the state moves forward, these efforts will become more focused on the communities that need the most support. Tracking survey data demonstrates the following:

- Family and friends are the most trusted messengers
- Primary physicians and medical professionals are also trusted, especially for parents and guardians of children
- The biggest vaccine motivators are: (1) a belief that vaccines are safe, effective and were well-tested and (2) a desire to return to normal
- Key vaccine barriers are: (1) wariness of long-term side effects; (2) misinformation and disinformation; and (3) a belief the vaccine was developed too quickly

Going forward, the campaign will focus on:

- Getting even more surgical with the use of vaccine administration data at zip code and/or census tract level, maybe purchasing digital ads to focus on small communities based on what is known about them
- Continuing to focus on HPI Quartile 1
- Preparing families for vaccinating children as federal authorizations are considered
- Preparing for unknowns around COVID-19 variants and boosters, including smaller providers in the Vaccines for Children (VFC) program

Questions and Comments from CVAC Members:

- Do you see schools – especially elementary schools – as trusted messengers and can we get rapid vaccination pop-ups for all students this fall as school re-opens?
 - CDPH: Yes, we are gearing up now to increase the resources to help local health departments, school districts and others think about school-based vaccine clinics for students, families and community members. We are also working on more tools to empower teachers and other professional staff in schools.
- I keep hearing about concerns regarding inflammation of cardiac tissue. We need to get trusted medical information out as concerns are rising among parents of young children.
 - CDPH: The Center for Disease Control and Prevention (CDC) met today to review the data about myocarditis. The Western States Scientific Safety Review

Workgroup [Scientific Safety Review Workgroup \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Scientific-Safety-Review-Workgroup.aspx) will meet this evening to discuss it as well. We will communicate with the Committee following any recommendation from the Western States Committee.

- Can you say more about which languages are being under-utilized and whether this matches under-vaccination in certain communities and HPI zip codes?
 - CDPH: We track engagement in a variety of ways. The webpages with the most frequent visitors are English, Spanish, Chinese, Korean and Tagalog. As we look at print production and get feedback from CBOs, we will continue to focus and crosswalk the data for the next two quarters of deployment for the campaign.
- We still have work to do in communities of color and poor communities. We can't let our guard down since these numbers are not where we want them to be. How can CVAC help and what is the state planning as the Delta variant hits?
 - CDPH: Building trust and driving toward equity takes longer. It's critical that we stick in there and stay in vulnerable communities, focusing our time, resources and data gathering. A sustained effort is needed even after the state re-opens and CVAC disbands. We hope you will all continue to be partners in that effort.
- This article from today's Times: <https://www.latimes.com/california/story/2021-06-23/did-newsoms-california-covid-vaccine-lottery-boost-doses>
- The approach that Sonya Harris from CDPH is discussing of "surgical outreach" sounds right, and I'm thinking ahead to kids with disabilities and their families who are very concerned about the need for herd immunity before they can return to in-person school.

Reflections from CVAC Members

CVAC Member Representatives

Bobbie Wunsch shared that more than half of CVAC members submitted over 50 pages of thoughtful reflections on the good, the not so good, and lessons learned. This will become the foundation for an in-depth After Action Report and discussion about California's response to the pandemic. Reflections are posted on the CDPH website and were circulated to members. One member from each "sector" was asked to present one minute of summarized reflections.

Hendry Ton, MD representing California Medical Association and speaking on behalf of the Healthcare Sector:

- Strong appreciation for CVAC leadership and facilitation
- CVAC members felt heard and valued
- Strong appreciation for the centrality of health equity:
 - the process of deciding COVID vaccine allocations based on clear foundational and procedural allocation equity principles was important

- explicit attention to health equity embedded into structure and process was unprecedented and should be a model for others
- Requesting more clarity about the role, influence and scope of CVAC:
 - Members were unclear about follow-up on CVAC recommendations and their role in communicating to community members/CBOs
 - Sometimes this led to confusion and frustration
 - Abrupt changes in policies such as de-prioritization of work eligibility and the contractual agreement with Blue Shield of California were often made without community member input or CVAC inclusion in the decision-making process
 - Recommendations weren't always implemented as originally intended (with an understanding that this is the nature of an advisory body during a rapidly moving pandemic)
- Need for more data: CDPH was valiant in standing up data quickly, but members hope we can prioritize data collection and reporting systems:
 - Disability community, behavioral health clients, farmworkers and older adults were all groups that needed more data elucidation
- Diversity of CVAC membership is a great strength
- Rewarding to hear and learn from fellow CVAC members including co-chairs and state representatives
- Appreciated the opportunity to learn about how the pandemic affects farmworkers, low-income families of color, community health workers, older persons with limited English proficiency, etc.
- The large number of participants made it difficult to participate at times and workgroups by sector may have been a helpful approach
- To ensure diversity of voices, CVAC could have made space for members who don't always speak
- How do we extrapolate lessons learned and infrastructure to improve public health and health delivery systems?
- Concern that we're not at our goal given vaccine penetration rate and state of COVID. More work is needed to eliminate disparities that are deeply rooted in racial and social inequities
- We haven't run our last mile yet. We haven't really talked about how to deliver the final vaccines. We must keep up the momentum and investment of CVAC.

Preston Young representing California Chamber of Commerce and speaking on behalf of the Business Sector:

- This was a tumultuous time for businesses and there needed to be a catalyst for re-opening which was naturally the vaccination
- Businesses had questions and lacked resources therefore CVAC offered a logical place to get answers – even if it was incomplete/imperfect

- CVAC process allowed businesses and small business to voice concerns and understand the tiers and plans
- A lot of members and opinions, therefore the process was unwieldy at times
- CVAC contributed to high vaccination rates, low hospitalization and case rates, and re-opening
- Huge thanks to co-chairs and Bobbie Wunsch

Chuck Helget representing California Association of Veteran Service Agencies and speaking on behalf of the Veterans Sector:

- Incredible challenge and learning experience
- Veterans are a significant proportion of the homeless community; please don't forget about them in ongoing vaccination efforts
- Thanks for respectful and effective leadership and advocacy

Diana Tellefson Torres representing the UFW Foundation and speaking on behalf of the Agricultural and Food Sector:

- Thanks for extraordinary leadership with equity at the center
- Appreciated data and insights, engagement with others trying to use limited resources to stem the devastation of the pandemic
- Many farmworkers' lives were saved when CDPH prioritized them for vaccine distribution, centralized responses and offered guidelines to ensure counties addressed their needs, and allocated vaccines for agriculture workers and mobile vaccine efforts
- Farmworkers still fear being vaccinated and losing work due to side effects because their employers do not provide state-mandated sick leave, therefore there's a real need to increase public education about these rights
- Data about farmworkers should be disaggregated from other food workers given the migratory nature of this work
- California's efforts in outreach and mobile vaccinations will continue to be necessary to ensure farmworker safety

Carol Green representing the California State Parent Teachers Association and speaking on behalf of the Education and Childcare Sector:

- Process was fair and inclusive
- Appreciated overarching values and goals
- Appreciated the preview and explanation as tiers were changing, although this was frustrating
- Appreciated fact that although members advocated for their specific group(s) they were always respectful and wanted the best for everyone in the state
- Engagement and dialogue at meetings was positive although meetings were long and one couldn't always make your own point

- One suggestion is to engage members of this committee to do something – e.g., act as spokespeople
- Sometimes we were unsure how much to push vs. maintaining confidences
- Getting younger residents vaccinated, and getting families good information about this, is a priority for education and childcare

Dr. Moises Barron representing California Alliance of Child and Family Services and speaking on behalf of the Behavioral Health Sector:

- Appreciation to co-leaders, Bobbie Wunsch and co-members
- All felt heard and valued
- Participation in this group was crucial to get clarity about access to vaccine for behavioral health workers and stressed the need to communicate to counties and public health officials, which allowed employers to mobilize and scale efforts to get staff vaccinated, which then helped increase safety as the sector provided more virtual and in-person mental health services
- It would be helpful to create workgroups by sector to provide input and help with implementation of ideas
- The pandemic unmasked inequities and made clear the importance of partnership between public, private and non-profit sectors which we hope can be built upon for future initiatives
- As we emerge from the pandemic we will need this coordinated approach to address the mental health crisis that has been exacerbated by COVID-19

Rhonda Smith representing California Black Health Network and speaking on behalf of Black, Indigenous, and People of Color (BIPOC) Community Representatives:

- Appreciated leadership and committee itself
- Kept disparities gap from widening more
- Appreciated connections to other individuals and organizations
- Appreciated diverse representation based on race/ethnicity and a seat at the table to ensure equity lens focus for the work
- Appreciated accessibility of CVAC leadership and transparency in sharing critical information to get to communities
- Operationalizing health equity is hard and messy; the upstream part of the strategy wasn't always translated into what was intended for community impact
- Still a lot of work to do, still big gap in vaccination rates with accessibility and other disparities

Denny Chan representing Justice in Aging and speaking on behalf of the Older Adults and Long-Term Care Sector:

- Humbled and grateful for opportunity to participate and elevate the concerns of older Californians and those in long-term care settings

- Appreciated early prioritization of older adults and eventually all those in home/community-based services
- Appreciated processes for in-home vaccinations
- Encouraged by statistics and progress but also concerned about remaining gaps – e.g., those transitioning into nursing homes and ongoing low rates of vaccination rates among Latino older adults
- Encourage the state to continue breaking down barriers for older adults to get vaccinated
- Advocacy efforts complicated by inability to get real-time data that is intersectional and reflects individual facilities
- Size of group and nature of public health emergency made it difficult to get timely answers to important questions
- Impacts of pandemic trauma will be long lasting for older adults of color and those in congregate settings, and their caregivers/advocates
- Gratitude to co-chairs and Bobbie Wunsch for skillful facilitation

Lisa Hershey representing Housing California and speaking on behalf of the Homelessness and Housing Instability Sector:

- Process strengths:
 - o Seating the right people to lead, facilitate and serve
 - o Deep state support from the Governor’s Office to multiple agencies and state departments
 - o Amazing committee members
 - o Identifying and confirming what success looked like, expectations and accountabilities for all parties with a values-driven equity-centered process
 - o Staying adaptive, resilient and committed
- Process bumps for those experiencing homelessness or housing instability:
 - o Because sheltering in place was the best way to prevent contracting and spreading COVID, the state’s sudden shift to an age-based framework in January eliminated the priority for people living in congregate settings such as shelters and jails and therefore challenged equity for those most at risk
- We learned that we need to invest deeply in public health infrastructure and non-profit CBOs on the ground with a focus on prevention and safety
- Transformation can be born
- Inclusive process
- Brave leadership and CVAC helped guide the development of a statewide equity-centered plan
- Thrilled that CVAC brought in experts such as Dr. Margot Kushel, Director of the UCSF Center for Vulnerable Populations
- Appreciated learning from colleagues and communities about real-time solutions to spread across the state

- Extended resources to all Californians regardless of immigration status
- Began using data to track racial and disability justice outcomes
- Expanded capacity to respond to crises
- We need to focus resources on people and communities that struggle to make ends meet such as essential workers, BIPOC, unsheltered people, etc.
- We need to meet people where they are in affordable housing developments, housing encampments, etc., building off relationships with trusted messengers connected to government, business and other institutions
- We need to invest deeply and sustainably in an equitable social determinants of health framework to scale our local successes and concretize California's locally connected, regionally organized statewide public health and community benefit infrastructure constructed first through the Complete Count – Census 2020 experience and strengthened and refined through the COVID-19 emergency response

Mitch Steiger representing California Labor Federation and speaking on behalf of the Labor Sector:

- CVAC was an effective, helpful and necessary step
- CVAC gave labor unions a direct line to state agencies to help convey the perspectives of workers for an efficient, streamlined process
- Appreciated regular updates on vaccine distribution metrics that allowed them to help affiliates and members make good decisions about how to support vaccination efforts
- Bobbie Wunsch was incredibly responsive and got members timely answers
- The committee seemed prohibitively large which contributed to a sense that we were there more to report back than to provide input to influence decisions; a solution might be some sort of workgroup structure
- In the future we might want to focus more time on the how than the who, maybe less on the research than the mechanisms to quickly vaccinate the most people
- We need to institutionalize this process and this committee since all the ingredients exist for another pandemic

Silvia Yee representing Disability Rights Education and Defense Fund and speaking on behalf of People Living with Disabilities:

- Stoicism: diverse stakeholders working for consensus on life and death issues
- Surprise: we were dismayed when CVAC members were not notified about major changes until after they were publicly announced (i.e., shifting to an age-based framework in January that seemed to overturn the equity metric; announcement about contracting with a Third-Party Administrator (TPA) that introduced new uncertainties about various aspects of vaccine delivery)
- Worry: eligibility is not the same as access, and nothing was easy for people with disabilities. Advocates remain anxious about adults and children people living with disabilities as the state and nation open up.

- Grateful: for disability advocates to work as a team and not as a single token member; to influence the inclusion of people with high-risk conditions and disabilities; and to feel listened to – e.g., about the importance of self-attestation for this group
- Hope: this experience shows what is possible and what makes change – that it’s possible to have respectful interaction, commitment over months and deep learning among a diverse group of stakeholders operating under urgent, stressful conditions given great leadership and facilitation
- We need to collect functional disability information and understand it better in order to talk about equity for the disabled population

Dr. Eric Sergienko representing Mariposa County Health and Human Services Agency and the California Conference of Local Health Officers, and speaking on behalf of County Local Health Officers:

- This was a good venue to listen and receive information which helped us communicate to local health jurisdictions (LHJs)
- We could have been more effective in sharing our message about how LHJs can work effectively with CBOs to implement state decisions at the local levels
- We encourage the state, members and those they represent to reach out to LHJs and make sure that the work we’ve talked about gets done where the boots are on the ground

Brian Mimura representing The California Endowment and speaking on behalf of the Philanthropy Sector:

- It’s been valuable to hear about funding opportunities for CBOs and progress made in funding those CBOs to respond to the pandemic (both from the state and other funders)
- Increased recognition and role that grass roots CBOs play in reaching diverse communities in culturally responsive ways
- CVAC meetings provided critical space for members to advocate for a prominent role and ultimately allow more coordinated and complementary funding, demonstrating the essential need for CBOs closest to community to successfully respond to the pandemic

Anthony Wright representing Health Access and speaking on behalf of Health Advocates:

- Appreciate the intentionality and sincerity of the commitment to CVAC core values
- The time and information provided was essential for CVAC and the public
- Perhaps it should have made it more explicit that the role about members communicating to the public was more important than the influence CVAC had on decision-making
- This was the most diverse and inclusive public stakeholder process many members have been in
- It might have benefitted from sub-committees or other structures

- An explicit focus should have been not just on social vulnerability (i.e., HPI) but also on racial equity and intentional community engagement
- We want to be sure the infrastructure built will not go away – e.g., what will happen with My Turn ([My Turn - California COVID-19 Vaccine Scheduling & Notifications](#)) or the relationship that was built between on the ground delivery and statewide accountability? The public health system had to work more closely with the health care delivery system and this seems important not just for the next pandemic but also COVID booster shots, flu vaccines and other public health interventions. We would love to see CVAC as part of the infrastructure that is preserved!

What's Ahead for California

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair

Rohan Radhakrishna, MD, MPH, Deputy Director, Office of Health Equity, CDPH

Dr. Pan shared how powerful it has been to hear and read all these thoughtful reflections and the power of the collective in this strong community. The state is engaged in an interim After Action Report focused on coordination and communication and the detailed comments will be shared with the team working on it. There will be a larger After Action Report following the pandemic period and the state will seek additional feedback from stakeholders then.

Dr. Pan shared that the state is also in a process to envision its goals to modernize public health infrastructure and systems for California. There have been divestments from public health at the local and state levels over several decades, so there is a need to improve resources in order to lead and protect with equity, health and transparency, community engagement and collaboration across all sectors. Dr. Pan emphasized that the state is very committed to learning from and building on the COVID and CVAC lessons learned.

Dr. Pan reflected that the current situation is stable with some of the lowest case rates and test positivity in the nation although there are anticipated bumps in the process of re-opening. Dr. Pan shared data showing hospitalization, ICU and deaths over time. This demonstrates how quickly vaccines work and how effective they are. The 4-week average seroprevalence based on blood banks and antibody tests shows 76.6% seroprevalence statewide, with the highest rates at the Southern Border and Bay Area. (This data does not distinguish between prior infection and vaccination). There have been huge strides in antibodies and presumed immunity. Californians living in HPI Quartile 1 have higher exposure and therefore had higher levels of antibodies, but with vaccines the quartiles are more balanced.

As of June 17, 2021, there have been more than 19 million fully vaccinated individuals, 6,903 post-vaccination cases, 527 hospitalizations and 54 deaths among vaccinated people. This represents a 0.036% breakthrough infection rate and a 0.8% death rate among those people.

This is very encouraging data, and represents many asymptomatic cases that were detected during screening. Even those 54 deaths may have had causes unrelated to COVID-19. The state is reviewing variants weekly and the information is posted on the website. There was a West Coast variant that has decreased and now almost 60% of isolates are the Alpha, or UK, variant. The newest variant appearing is the Gamma or P.1 variant (seen in Brazil), currently at 10%. A small but increasing proportion is the Delta variant, at 5% in May 2021. This is likely to become a more dominant strain. Vaccination is the key to protect people from all these variants. Other mitigation measures help, but vaccination is the key. This virus will continue to mutate and lead to other variants. The Delta variant is currently the most worrisome, infectious and serious, and mutation occurs when viruses are thriving. The good news is that all the vaccines used in the US are effective against variants. The second dose is especially important with the Delta variant.

CDPH has issued vaccine records guidelines and standards. If and when there are requirements for vaccine verification there will be various options including a paper copy of the CDC/DHHS vaccine card, a digital copy of the card, or a new open-source SMART Health Card-compatible reader. CDPH wants to be sure that vaccine verification does not create or perpetuate any social or health inequities. Verification should not create barriers to essential services or restrict access based on protected characteristics. It is important for vaccination records to be accessible and the digital option is available with minimal personal information required. (Additional proprietary options will probably be made available.) A state-issued vaccine record is a new tool. All residents can go to the website [MyVaccineRecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov) and it is easy to use with name, date of birth, and either email or mobile phone number. This was released last week and is an optional addition.

Dr. Pan gave updates on pediatric vaccinations. Over half of 15-17 year-olds and about one third of 12-15 year-olds have now received at least one dose. To achieve greater penetration the state is now expanding its networks with less focus on high volume throughput. They are enrolling primary care providers and coordinating community mobile clinics, planning for school-based clinics, leveraging the existing Vaccines for Children (VFC) network, and identifying other partner organizations who can support expansion. The Safe Schools Team is a cross-departmental effort with participants from the State Board of Education, CDPH, Office of Statewide Health Planning and Development, Governor's Office, California Division of the State Architect and others, to provide guidance and technical assistance on issues such as ventilation, COVID testing for schools and vaccines. The state will also engage key CVAC members when considering children with disabilities.

With respect to vaccine safety monitoring, especially for teens, there are four networks in the US and California is a leader in many of these. These systems are monitoring an unprecedented volume of vaccines for safety and effectiveness. Dr. Pan explained that today the Advisory Committee on Immunization Practices (ACIP) met and last week the FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) met to look at myocarditis and pericarditis

after mRNA vaccines. They reviewed the benefits and risks after two doses by age group. Dr. Pan will send a link to the slides and highlighted data on cases reported vs. the estimated COVID cases, hospitalizations and deaths prevented by vaccines. Today the ACIP found the benefits of vaccine outweigh the risks. Dr. Pan noted that the Western States Scientific Safety Workgroup is meeting this evening to review the data and present a recommendation.

The next phase of the pandemic is a suppression phase. Dr. Pan emphasized that public health must continue vaccination and closing vaccination gaps: children under 12 are 15% of the population. They must continue monitoring and surveillance, case contact and outbreak investigation, support for quarantine when needed, healthcare surge readiness, safe schools, and ongoing public health guidance as well as expand genome sequencing to monitor variants.

Dr. Pan emphasized that until children and the rest of the world are vaccinated, California will be responding to this pandemic. Moving forward the state will continue to focus on equity as it addresses the disparities magnified by the pandemic – addressing outcomes like mental health, economic recovery, social determinants of health, and access to services for those that need them most. She noted that the state has developed incredible partnerships with CVAC members that it wants to build upon. Finally, Dr. Pan introduced Dr. Rohan Radhakrishna, Deputy Director of the Office of Health Equity. He recently joined CDPH and will be leading equity work for CDPH moving forward.

Dr. Radhakrishna provided comments about the role of the Office of Health Equity (OHE). The California for All agenda is an all-government, all-society focus on equity. At his Senate confirmation hearing June 23, CDPH Director Dr. Tomás Aragon named equity and anti-racism as one of his major priorities. The OHE will normalize, organize and operationalize equity and anti-racism. It works on upstream policy, systems and environmental changes, embedding health in all policies, including climate change, behavioral health, gender health and racial health equity. It also helped staff the COVID equity workstream at the state level, funded COVID equity pilot projects in affected communities and co-designed the Equity Playbook. The Office is committed to continuing this partnership to promote an equitable response and recovery.

Dr. Radhakrishna then mentioned that the OHE, with the assistance of federal funding, will be creating a new branch this fall focused on advancing community equity. This will include internal work to build a state equity plan and support state equity liaisons in eight other centers across CDPH. They will build tools that benefit all 200+ programs at CDPH. There will also be two teams focused on an equitable response and recovery – one focused on COVID vaccine equity and the other to support COVID health equity technical assistance, using regional specialists, resource specialists and population subject matter experts such as for people experiencing homelessness. The team will provide technical assistance and create learning community collaboratives across the state and support LHJs and CBOs through contracts and grants. Dr. Radhakrishna also shared that the OHE Advisory Committee has open public

meetings and invited members to join. There will be a meeting on Thursday, September 2, 2021 from 9:00 a.m. to noon. There are at least four openings on the Advisory Committee.

<https://www.cdph.ca.gov/Programs/OHE/Pages/OHEAdvisoryCommittee.aspx>

Dr. Radhakrishna closed by acknowledging the behavioral health impacts of the pandemic, the excess morbidity and mortality from non-COVID causes such as overdoses, substance use, violence and cardiovascular death. He shared his hope that the pandemic would accelerate change to innovate and collectively address the underlying structural issues driving racial and socioeconomic inequity. This past year represents the building of an equity movement.

Questions and Comments from CVAC Members

- Community based pharmacists are a key source for adult and child vaccines. Please include them in the roll out as a ready resource for communities
 - CDPH: Definitely thinking of pharmacies also to support school-based vaccines.
- Please keep in mind Non-Public Schools, especially those who serve youth in Special Education.
- As we see the impact of the Delta variant in other countries, it seems that focusing on children matters. The data continues to show this. It also begs the question of what measures are being taken to reduce outbreaks and spread of variants.
 - Here's some info to answer your question:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Preparedness-Equity-Strategies.aspx>
- It will be important to keep in touch with school districts, and special education directors and teachers because not ALL kids are in schools and classrooms all the time, even though that may be the educational goal. And yes, the small non-public and charter schools need to be reached. It's disappointing that children under 12 have not been vaccinated and yet our committee is ending.
 - CDPH: We have a strong network with our Safe Schools for All Team which we will continue to resource for the upcoming school year.
<https://schools.covid19.ca.gov/>
- I'm not seeing anything about students with disabilities on the Safe Schools for All website.
- How is the state encouraging safe schools for children with disabilities that have underlying health conditions? I see schools announcing in-person-only options next school year with no consideration for children with disabilities.
 - CDPH: I wanted to share the Safe Schools for All Team as many maybe unaware of this team and resources. My understanding is there is engagement of non-public schools and students with disabilities and IEPs, but we can flag this as for follow up and connect the team with some of the important partners here.

- Are there special education state and PTI (parent training and education organizations funded by US Department of Education) representatives on the Safe Schools for All Team? It would be a very helpful connection to make.
- Can you address the composition of the Safe Schools for All Team?
- We have so much work to do for people with disabilities at all levels.
- Another reflection is the amazing connections made among other CVAC members, which have resulted in projects and progress in many areas, including vaccine collaborations and collaborations outside of vaccines on shared goals.
- Thanks to all who mentioned their interest in continuing the work together - this is not over and even when we get a handle on COVID infections, the work continues with influenza and other recommended vaccinations for children and adults. We need to keep the momentum going. The California Immunization Coalition has worked on immunization education and advocacy on the state, local, and national level for over 23 years. Contact us to sign up for newsletters, events and get involved. <https://www.immunizeca.org/contact-us/>
- Is there any concern of an increase in rates from the state reopening and social distancing/mask guidelines relaxing?
 - CDPH: Yes, we anticipate some hopefully small bumps and are maintaining local and state public health resources to respond to increases anticipated among unvaccinated people.
- What have we learned about how long vaccines provide protection?
 - CDPH: Vaccines show antibody response for at least 6 months, but there are other important parts of immune response that may be effective for longer. As you know they've only been around for 7 months.
- The importance having diverse voices at the table is profound. "That which we manifest is before us." Adelante!

Closing Comments and Adjourn

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair

Dr. Burke Harris reiterated her thanks to state government and all CVAC members for making this an excellent forum. She shared her desire to continue these partnerships in the next phase. Dr. Pan and Bobbie Wunsch added their thanks and appreciations then adjourned the meeting.